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**Health
and
Health
Insurance:
The
Public's
View**

Foreword

This report describes Americans' views of the health care system in 1981. Because the public and leadership groups have increasingly focused on the containment of rising health care costs, this booklet is devoted largely to that issue.

The concerns and interests of the public are difficult to discern, particularly in the midst of political events. Often, a variety of groups and organized interests attempt to speak for the public. This report is being distributed to officials of the health insurance industry, government, the media, and interested members of the public in order to advance a better understanding of the public's beliefs, attitudes and feelings on the subject of health care.

Primarily, this report describes a survey by the Health Insurance Association of America which was carried out between April 25 and June 1, 1981, with a scientifically selected sample of 1,544 people. This sample is representative of all adults 18 years of age and older living in the continental United States. The design of the sample and the field interviews were carried out by Yankelovich, Skelly and White, Inc. This publication also discusses findings from other sources when such information helps in understanding the public mood.

Additional details on the sampling methodology can be found in the Technical Appendix. Question wordings and detailed tabulations of specific questions are available on request.

Contents

Highlights	5
Overview	6
Health Care Costs	8
Personal Health Care	12
Coverage	14
Preventive Health Care and Costs	16
Attitudes Toward Doctors	18
Health Insurance Companies	21
Disability Income Insurance and False Claims	25
Demographic Patterns: The Influentials	27
Footnotes	30
Technical Appendix	31

Highlights

Rising Cost of Health Care. Sixty-nine percent of the public perceive that the costs of health care are rising faster than other costs.

Satisfaction with the Health Care System. The public expresses a high level of satisfaction with the health care system: 84% are satisfied with the health care they receive from doctors and from hospitals. Seven in ten are confident they can meet the costs of a major illness.

Preventive Health Care. Sixty-nine percent of the public think encouraging people to follow healthful lifestyles will significantly reduce health care costs. Consistent with this, a majority (50%) feel that health insurance should cover preventive care services, even if it means higher insurance premiums.

Health Insurance Company Performance. Forty-one percent of the American people say that health insurance companies are generally fair in the way they handle insurance claims. Fifteen percent disagree, and 44% have no strong opinion on this question.

Health Insurance Company Profits. Forty-eight percent of the public says it is legitimate for health insurance companies to make a profit; 18% disagree, and 34% have no strong opinion on this question.

Choosing a Personal Physician. When choosing a physician, the most important factor in the choice for most Americans (74%) is their perception of the doctor's competence. Only 7% consider cost to be the most important factor when choosing a doctor.

Questioning Physician on Treatment Cost. Eighty percent of the public have not asked their physician for a less expensive treatment or medicine compared to 18% who have.

Disability Income Insurance. Compared to 1978, the public is somewhat less generous in their opinion as to what percentage of "take home" pay disability benefits should provide (39% in 1978 said 100% of take home pay compared to 31% in 1981).

Influentials. Influentials (defined as those who exert an influence over public officials disproportionate to their number in society) differ from the general public on several health care issues. In general, influentials are more supportive of private cost containment strategies but less supportive of specific governmental strategies for cutting health care costs than the public.

Overview

As in previous years, the cost of health care remains the most significant health care issue for the public. Even in a year when the general inflation rate was at an all-time high, 69% of the public thought that health care costs were going up at a faster rate than other costs.

The public's concern with health care costs, however, has not shaken Americans' confidence in their ability to purchase health care services. Seven in ten Americans are confident that they can meet the costs of a major illness and slightly more than 50% never forgo medical treatment due to cost. Since most Americans are confident about meeting medical expenses despite rising costs, it is not surprising that fully 82% are satisfied with the health care they receive.

One reason why most people are confident in their ability to meet major medical expenses is that 86% of the public report having some form of health insurance coverage.

This year's health survey asked several questions concerning strategies for containing health care costs. When asked to evaluate several possibilities for changes in the health care system, an overwhelming majority (84%) feels it is a good idea for hospitals to publish and disseminate price listings for rooms and medical services. A strong majority also thinks it is a good idea for doctors to publish their fee schedules for various treatments and services (77%). Although a majority (65%) believes that it would be a good idea for employers to offer a choice of three different health plans of varying costs, there is less public support for this initiative in comparison.

Another approach for reducing health care costs is to place more emphasis on preventive medicine and health education. Since the public generally thinks (69%) that encouraging people to follow healthful lifestyles will significantly reduce health care costs, it is not surprising that a majority (50%) of the public feels that health insurance should cover such preventive health care services as checkups, even if it means higher premiums. However, the public is undecided about companies charging higher rates for individuals who voluntarily increase their risk of contracting disease. By only a slight margin (38% to 35%), Americans think it is fair to charge smokers more for health insurance due to their increased risk of serious illness.

Although most Americans (60%) feel it is a good idea for doctors to advertise their prices, fees are a very minor consideration in choosing a doctor. The critical factor for most people (74%) is their perception of the doctor's competency. Only 7% think that doctors' charges are the most important consideration. This result is substantiated by the finding that 80% have never asked their doctor for a less expensive treatment, nor have most (68%) shopped around for a less expensive doctor.

As in the past, the public has a rather vague perception of health insurance companies. One indication of this is that significant proportions of the public express no strong opinion on questions concerning health insurance companies. Nevertheless, among those who do express an opinion, attitudes toward health insurance companies are favorable. For example, the public, by a 41% to 15% margin, believes that health insurance companies are generally fair in the way they handle claims. Similarly, by a 37% to 21% margin, they feel that health insurance companies give consumers their money's worth.

The public has more well-defined opinions of company-related matters which directly concern cost containment. A majority of the public (50%) thinks that health insurance companies should refuse to pay doctors and hospitals for unnecessary or too costly services. Moreover, a plurality (41%) believes that health insurance companies would pass on price reductions in health care to the public in the form of lower premiums.

Health Care Costs

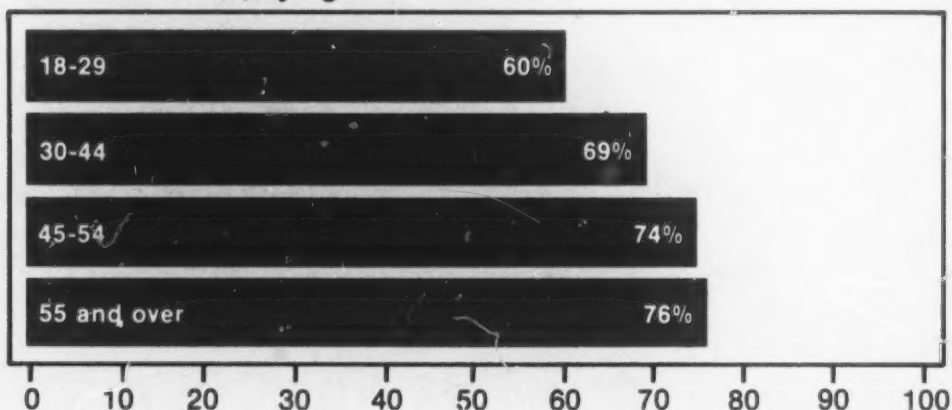
Consistent with past years, the cost of health care remains the most visible health care issue. In a year of high inflation, 69% of the public believe that health care costs are rising at a faster rate than inflation, while 24% think costs are going up at the same rate as inflation.

Cost of Health Care Compared to Other Costs

	1977 %	1979 %	1980 %	1981 %
Going up at a slower rate	4	4	6	5
About the same rate	20	4	29	24
Going up at a faster rate	74	90	63	69
Not going up (volunteered)	1	1	2	1
DK/NA	1	1	1	1

Although concern about health care costs is widespread, middle-aged and older people are particularly sensitive. People 45 years of age and older are more likely to say health care costs are going up at a faster rate than people 18-44 years of age.

Percentage Who Say Health Care Costs Are Going Up At A Faster Rate Than Other Costs, By Age



An analysis of the Consumer Price Index shows that public awareness of inflationary trends is accurate. For the calendar year 1981, the Consumer Price Index calculated by the Bureau of Labor Statistics rose 8.9%. All major categories of consumer spending, except medical care,

registered smaller increases in 1981 than in 1980. The Consumer Price Index shows that health care costs increased 12.5% in the calendar year 1981, which is somewhat above the increases in the cost of food and beverages (4.3%), housing (10.2%), and transportation (11.0%).¹

Survey results from other organizations show a similar concern with costs. In 1979, an AMA Gallup survey of the general public showed that cost-related issues were the most frequently mentioned main problem facing medicine.² Similarly, a Louis Harris survey showed that 75% of the public agree that the cost of health care has gone up more than nearly any other cost,³ and a 1981 New York Times survey found that 52% felt that medical costs are rising faster than other costs.⁴

Despite general concern about health care costs, a strong majority of the public (70%) are either "very" or "somewhat" confident of their ability to meet the cost of a major illness, while 30% are not confident about bearing such costs.

Confidence in Ability to Meet Costs of Major Illness

	1978 %	1981 %
Very confident	28	31
Somewhat confident	40	39
Not very confident	19	20
Not at all confident	12	10
DK/NA	2	—

Although using different wording, the New York Times survey showed 71% of the public expressed confidence in their ability to meet the cost of an illness.⁵

Not surprisingly, people who are unemployed are understandably less confident about meeting health care costs than people who are employed (50% compared to 27% who are not confident). In addition, confidence is inversely related to income. Forty-eight percent of those with family incomes of less than \$10,000 a year are not confident in their ability to meet the cost of a major illness, compared to 27% of respondents with family incomes of \$10,000 to \$29,999, and 15% of those respondents with \$30,000 or more in family income. Finally, non-whites are less confident (44%) than whites (28%) that they can meet health care costs.

In a related question, a majority of respondents (52%) say that they never forgo medical treatment because of cost, while another 20% say that such a situation seldom happens. Only 9% forgo purchasing medical services because of cost.

Frequency With Which People Refrain From Purchasing Medical Services Due To Cost, 1981

	%
Often	9
Occasionally	18
Seldom	20
Never	52
DK/NA	2

Related data from the New York Times poll show that 67% of the public have not done without a visit to a doctor because of the cost while 32% have.⁶

Given the public's concern with rising health care costs, respondents were asked to evaluate several strategies for health care cost containment. By an overwhelming majority (84%), respondents believe that it is a good idea for the government to require hospitals to publish and disseminate price information for medical services and room rates. Only 10% feel that such a government requirement would be a bad idea. A strong majority also believes that it is a good idea for the government to require doctors to publish and disseminate their fee schedules for various treatments and services. Interestingly, although a majority (65%) also favors a government initiative to require employers to offer a choice of three different health insurance plans of varying coverage and costs, this alternative receives less public support than the other alternatives.

Support for these three cost containment strategies is high among all demographic groups. However, white collar workers expressed less support for each of the three alternatives than blue collar workers. Similarly, those with a family income of \$30,000 or more give each of the alternatives a relatively higher negative rating.

Opinions of Suggested Changes In the Health Care System, 1981

	Good Idea %	Bad Idea %	Un- certain %
Have the government require that hospitals publish their charges for rooms and medical services, and make this information readily available.	84	10	7
Have the government require that doctors publish their fees for various services and treatments, and make this information readily available.	77	13	10
Have the government require that employers offer a choice of three different health insurance plans of varying cost and coverage to their employees.	65	16	18

Personal Health Care

As in the past, Americans continue to express a high degree of satisfaction with the quality of the health care they receive. Eighty-two percent of the public are somewhat or very satisfied with the health care they receive. Just 5% of respondents this year are very dissatisfied with their health care; another 12% report being somewhat dissatisfied.

Although a high degree of satisfaction with the quality of health care is found among all socio-economic groups, two variables—income and race—have a major impact on the degree of satisfaction. Those people with a family income of less than \$7,500 are less satisfied with the health care they receive (69%) than people who are above them in family income level (85%). Also, non-whites (72%) are less satisfied than whites (83%) with the health care they receive.

Degree of Satisfaction with Health Care

	1977 %	1978 %	1980 %	1981 %
Very satisfied	45	41	43	39
Somewhat satisfied	37	36	41	43
Somewhat dissatisfied	10	11	10	12
Very dissatisfied	4	6	6	5
DK/NA	4	6	1	1

In both 1978 and 1981, Americans were asked to report on their actual health care behavior. Health care practices contributing to personal well being, such as exercise and preventive health care, were examined. Potential areas of health care abuse, such as alcohol consumption and cigarette smoking, were also looked at.

When asked if they smoke at least one pack of cigarettes a day, a majority (58%) say they do not. However, a sizable minority (41%) describes such behavior as being somewhat or very typical for them. College graduates and white collar employees are more likely to be light smokers or non-smokers than high school graduates and blue collar workers.

A majority of the respondents report moderate drinking habits. Specifically, 54% say that it is very typical for them to be careful about their alcohol consumption, while 20% say they are not. Women, the college educated, and the employed are more likely to indicate that they are careful about their alcohol consumption than are men, high school graduates, and the unemployed.

In a related question, an overwhelming majority (77%) indicate that it is not typical for them to have more than two drinks a day; only 9% have more than two drinks a day.

With respect to health habits that relate to personal well-being and longevity, the public is attentive. Forty-six percent of the public report that it is very typical of them to eat well-balanced and nutritious meals. An additional 43% say it is somewhat typical and only 10% say it is not at all typical for them to eat well-balanced meals. In a related question, 39% reported that it is not at all typical for them to skip breakfast. Thirty-four percent indicated that it was very typical for them to skip breakfast.

During the past several years, the importance of weight control and exercise in promoting personal well-being have attracted greater attention. Thirty-eight percent of the public say it is very typical for them to watch their weight; 41% say it is somewhat typical and 20% say it is not typical for them to watch their weight. With respect to weekly exercise, the public is divided: 34% say it is very typical for them to exercise and 34% say it is not at all typical.

Patterns of Individual Behavior

	Very Typical		Somewhat Typical		Not at all Typical	
	1978 %	1981 %	1978 %	1981 %	1978 %	1981 %
I am careful about my alcohol consumption.	51	54	29	26	19	20
I have my blood pressure checked once a year.	51	54	24	24	23	22
I take care of my own minor illnesses and injuries rather than go to a doctor.	50	49	33	33	16	17
I eat well-balanced, nutritious meals.	42	46	43	43	13	10
I am careful about my weight.	38	38	41	41	20	20
I exercise two or three times a week.	32	34	32	32	35	34
I often skip breakfast.	30	34	27	27	41	39
I smoke at least a pack of cigarettes a day.	23	26	16	15	60	58
I have more than two alcohol drinks a day.	●	9	●	14	●	77

●Not asked.

Coverage

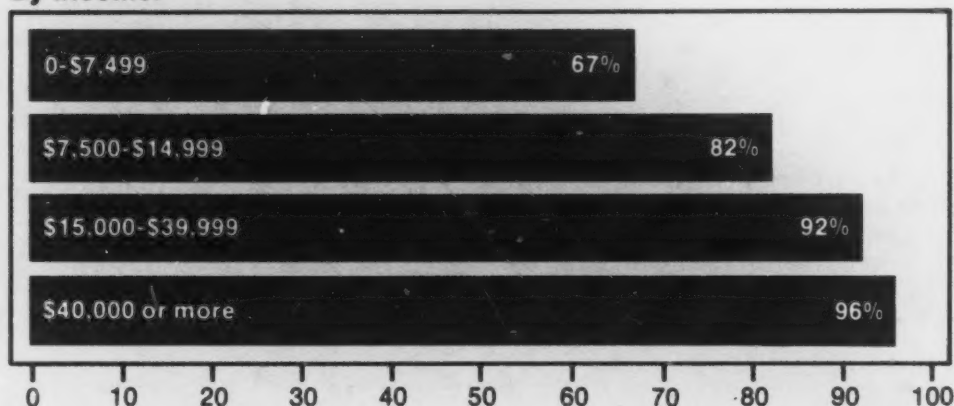
One reason, no doubt, why many people are confident about their ability to meet major medical expenses is that most Americans (86%) report having some form of health insurance coverage. Just thirteen percent of the population say they do not have any coverage.

Health Insurance Coverage

	1981 %
Have individual coverage	86
Do not have individual coverage	13
DK/NA	2

Predictably, health insurance coverage is related to income; ninety-six percent of those with family incomes of \$40,000 or more have health insurance coverage, compared to 92% of those with family incomes of \$15,000-\$39,999, 82% of those with incomes between \$7,500-\$14,999, and 67% of those with incomes less than \$7,499.

Percentage Of Respondents Reporting Health Care Coverage, By Income.



Related data from a 1979 American Medical Association survey shows that 83% of the public have some form of health insurance coverage and 15% do not.⁷ Overall, the survey results concerning coverage are substantiated by a Congressional Budget office estimate that approximately 90% of all Americans either have health insurance or are eligible for public programs.⁸

When asked if they think that most Americans have some form of health insurance coverage, including coverage under government plans, people are not as certain. A plurality (43%) express uncertainty on this issue, compared to 40% who believe that almost all Americans are covered, and 18% who think that the majority of the public does not have coverage.

Almost all Americans have some form of health insurance coverage, or are covered by government programs.

	1981 %
Agree	40
No strong opinion	43
Disagree	18

Preventive Health Care and Costs

In recent years, the concept of preventive health care has become very popular with the public. Along with the impact of health care practices on one's own physical well-being, preventive medicine and health education provide another approach for reducing health care costs. The public generally believes (69%) that encouraging people to follow healthful lifestyles will significantly reduce health care costs. Only 10% disagree with this statement.

People living in non-metropolitan areas are much more likely (78%) to believe that costs can be reduced by healthful lifestyles than are city dwellers (63%). In addition, income is positively related to support for this concept. Seventy-two percent of those people with \$20,000 a year or more in family income think an emphasis on prevention will reduce health care costs, compared to 65% for those with less than \$20,000 in income.

Encouraging people to take better care of themselves will significantly reduce health care costs.

	1979 %	1981 %
Agree	64	69
No strong opinion	24	21
Disagree	11	10

In a similar fashion, a majority (50%) feel that health insurance should cover such preventive care services as check-ups, even if it means higher insurance premiums; 21% of the respondents disagree with this proposition, while 28% have no strong opinion.

Health insurance should cover the costs of preventive health care, such as physical check-ups and health education, even if it means higher premiums.

	1981 %
Agree	50
No strong opinion	28
Disagree	21

Interestingly, support for preventive health care insurance coverage is greater among the unemployed (59%) than those employed full time (49%). People with incomes of \$5,000 a year or less are more likely to support this concept, and non-whites (57%) are more supportive than whites (48%) of preventive health care coverage. Region also influences attitudes. People in the West and South are more likely to favor increased coverage than are people who live in other regions of the country.

Surveys conducted by other organizations show that most Americans believe that a concerted emphasis on preventive care will reduce health care costs. In a Louis Harris survey on hospital care, 8 out of 10 Americans believe that money spent on preventive medicine would reduce overall health care costs.⁹ Another Harris survey found that 81% of the public felt that health insurance companies should encourage people to take better care of themselves by offering a reduction in health insurance costs.¹⁰

For individuals who voluntarily increase their risk of contracting disease by smoking, the public is undecided whether companies should charge them more for their health insurance due to their increased risk of serious illness. By only a slight margin (38% to 35%), Americans believe that it is fair to charge smokers more for their health insurance due to an increased risk of serious illness. An additional 27% of respondents express uncertainty on this issue.

Education is strongly and positively related to support for charging higher premiums for smokers. Fifty-one percent of college graduates support higher premiums for smokers compared to 36% of high school graduates and 32% of those without a high school diploma. Occupational status and income level are also positively related to support for this proposition.

It is fair for people who smoke to be charged more for health insurance since they are more likely to get cancer or heart disease.

	1981 %
Agree	38
No strong opinion	27
Disagree	35

Attitudes Toward Doctors

Economists who have studied the health care system have repeatedly said that one solution to the cost problem would be a greater emphasis on price competition. Dissemination of both doctor and hospital fee schedules would give the consumer an opportunity to compare prices, thus hopefully lowering overall health care costs.

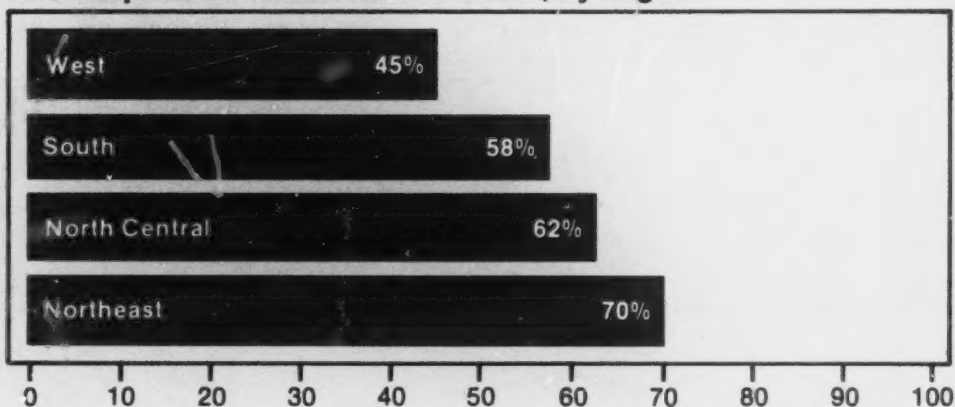
A strong majority of the public agrees with this approach. Sixty percent of the public thinks it is a good idea for doctors and hospitals to advertise their prices and services. Only 14% of the public disagrees with this statement, while 25% have no strong opinion.

It is a good idea for doctors and hospitals to advertise their prices and services.

	1981 %
Agree	60
No strong opinion	25
Disagree	14

Region strongly influences attitudes toward this question with people in the Northeast being much more likely to favor the advertisement of health care prices (70%) than Midwesterners (62%), Southerners (58%), or Westerners (45%). Political affiliation is also significant, as 65% of Democrats favor this approach, compared to 57% of Republicans.

Percentage Of Respondents Who Think It Is A Good Idea For Doctors And Hospitals To Advertise Their Prices, By Region.



Related data from a Louis Harris survey found that 58% believe that doctors and hospitals should be encouraged to advertise their fees.¹¹ A Market Opinion Research survey conducted for the AMA found that 70% of the public think that physicians should post in their offices the basic fees for the services they perform.¹²

Although many Americans feel that it is a good idea for doctors to advertise their medical prices, few people think that cost is an important consideration in choosing a doctor. The most important factor in choosing a doctor for an overwhelming majority (74%) is their perception of the doctor's competency. Only 7% consider cost to be the most important factor when choosing a doctor. Surprisingly, very few people depend on either another doctor's recommendation (5%) or a friend or relative's recommendation (4%) in choosing a doctor; and only 3% consider a doctor's "bedside manner" to be the most important factor.

Several demographic variables are related to people's perceptions of the most important factor in choosing a doctor. People with family incomes of \$20,000 or more are much more likely to choose a doctor based on competency (81%) than those with a family income of \$7,500 to \$19,999 (72%), or those with a family income of less than \$7,500 (58%). Education is related to the emphasis on competency, as 81% of those with a high school education based their choice of a doctor on competency compared to 59% of those with less than a high school education. Finally, whites are more likely to choose a doctor based on his perceived competency (76%) than nonwhites (53%).

Important Factors When Choosing a Doctor, 1981

	Most Important %	Second Most Important %
How competent the doctor is	74	11
How much the doctor charges	7	17
Whether the doctor was recommended by another doctor	5	26
Whether the doctor was recommended by a friend or relative	4	11
The doctor's personality or "bedside manner"	3	18
Where the doctor's office is located	1	12
DK/NA	5	6

The relatively low emphasis placed on cost when choosing a physician is substantiated by responses to another question. Most Americans (68%) generally do not shop around for a less expensive doctor in non-emergency situations compared to 16% who have generally compared fees before choosing a physician.

Understandably, income and employment status are related to an individual's frequency in shopping around for a physician. People with family incomes of \$20,000 or more are less likely to have shopped around for a doctor (78%) compared to those with family incomes of less than \$20,000 (62%). Full-time workers (69%) are less likely than the unemployed (63%) to have shopped around for a less expensive doctor. Finally, whites (71%) are considerably less likely than non-whites (44%) to have shopped around for a less expensive physician.

In medical situations that are not emergencies, I generally shop around for a less expensive doctor.

	1981 %
Agree	16
No strong opinion	16
Disagree	68

A related, but slightly different issue, concerns the questioning of a doctor on treatment cost. An overwhelming majority of Americans (80%) have not asked their doctor for a less expensive treatment or medicine compared to 18% who have.

Questioning Doctor on Treatment Cost

	1981 %
Have asked doctor for less expensive medicine or treatment	18
Have not asked doctor for less expensive medicine or treatment	80
Uncertain	2

Health Insurance Companies

As in past years, the public has a rather vague perception of health insurance companies. One indication of this is that significant proportions of the public express no strong opinion on questions concerning health insurance companies. On the other hand, among those who do express opinions, a higher percentage of respondents are favorable rather than unfavorable to the business. For example, the public, by a 41% to 15% margin, believes that health insurance companies are generally fair in the way they handle claims. Nevertheless, a plurality (44%) have no strong opinion on this question.

Health insurance companies are generally fair in the way they handle health insurance claims.

	1981 %
Agrée	41
No strong opinion	44
Disagree	15

Similarly, health insurance companies are generally seen by the public to give consumers their money's worth (37%), though a plurality (42%) has no strong opinion on this question. Twenty-one percent of the public think that they do not get their money's worth from health insurance companies.

Health insurance companies give consumers their money's worth.

	1981 %
Agree	37
No strong opinion	42
Disagree	21

Intimately related to the question of corporate fairness is the issue of the legitimacy of profits. Over the past several years, the public has constantly supported the legitimacy of private health insurance profits.

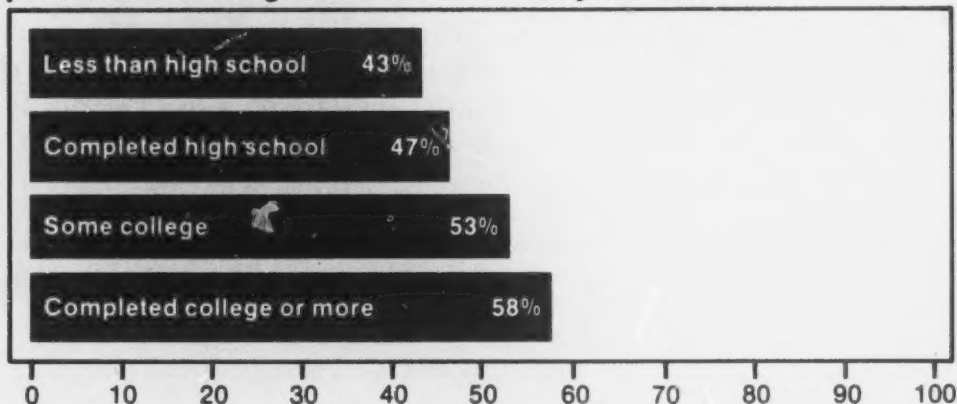
A plurality (48%) believe that it is legitimate for health insurance companies to make a profit; 18% feel it is not right and 34% have no strong opinion on this question.

It is not right for health insurance companies to make a profit.

	1977 %	1978 %	1979 %	1981 %
Agree	17	19	20	18
No strong opinion	31	36	28	34
Disagree	51	43	51	48

The legitimacy of private health insurance profits is strongly related to education. Fifty-eight percent of college graduates affirm the right of private health insurance companies to make a profit, compared to 47% of those who completed high school, and 43% of those who have not completed high school.

Percentage Of Respondents Who Believe That Health Insurance Companies Have The Right To Make A Profit, By Education.



The legitimacy of health insurance profits is also related to income and occupation. People with family incomes of \$20,000 a year or more are more likely to believe that health insurance profits are legitimate (52%) than are those with family incomes of less than \$20,000 (45%). Affirmation of profits is also higher among white collar employees (58%) than blue collar workers (48%).

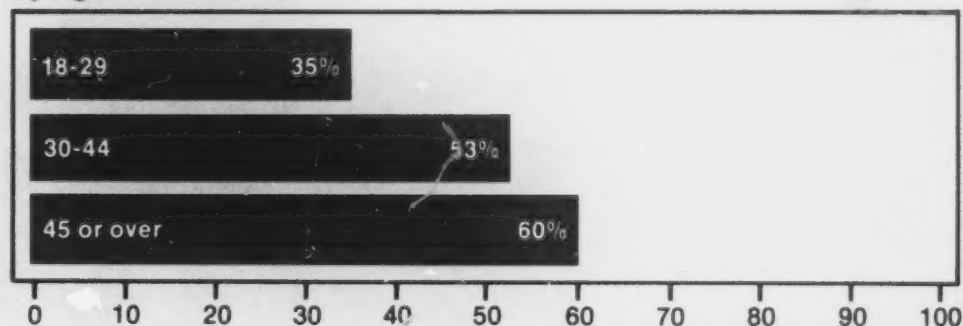
The public has more well-defined perceptions of insurance companies on matters which directly concern cost containment. A majority of the public (50%) supports the view that health insurance companies should refuse to pay doctors and hospitals for unnecessary or too costly services. Twenty percent of the public disagrees with this proposition; 30% have no strong opinion.

Private health insurance companies should be tougher with doctors and hospitals and refuse to pay for unnecessary or too costly health care.

	1981 %
Agree	50
No strong opinion	30
Disagree	20

Age, income, and occupational status influence attitudes toward this proposition. People 45 years of age and older are more likely to say that health insurance companies should refuse to pay unnecessary or too costly medical services, compared to 53% of those between 30 to 44 years of age and 35% of those between 18 to 24 years of age. Americans with incomes of \$10,000 or greater are considerably more likely (54%) to feel that insurance companies should refuse to pay unnecessary medical charges than are those with incomes \$10,000 or less. Finally, white collar employees are more favorable (57%) to a tougher health insurance company approach to unnecessary or too costly medical services compared to blue collar workers.

Percentage Of Respondents Who Feel That Health Insurance Companies Should Refuse To Pay For Unnecessary Or Too Costly Health Care, By Age



In a related question, a plurality (41%) believes that health insurance companies would pass on price reductions in health care to the public in the form of lower premiums. Twenty-two percent of the public believe that lower health care costs would lead to lower premiums, while 36% have no strong opinion.

College graduates are less likely to believe that health insurance companies would reduce premiums if costs were down (34%) than are high school graduates (45%). Similarly, income influences the response to this question. People with family incomes of \$15,000 or more are less confident that price reductions would be passed on (37%) than those with family incomes less than \$15,000 (46%). Consistent with these results, white collar employees are less confident that health insurance companies would lower costs (31%) than blue collar workers (44%).

If health care costs went down, health insurance companies would charge less for health insurance.

	1981 %
Agree	41
No strong opinion	36
Disagree	22

Disability Income Insurance and False Claims

Disability income insurance provides people with regular cash payments if an illness or accident results in a loss of salary. Recently, a number of public policy issues have developed in the area of disability income insurance. Among these are the appropriate level for disability insurance and the degree to which disability insurance suffers from false claims.

Overall, awareness of disability income insurance is quite high. Most Americans (71%) say that they have heard or read about disability income insurance compared to 24% who have not.

Familiarity with Disability Insurance, 1981

	%
Have heard about disability insurance	71
Have not heard about disability insurance	24
DK/NA	4

Compared to attitudes in 1978, people are somewhat less generous in their opinion as to what percentage of "take home" pay disability benefits should provide (39% in 1978 said 100% of take home pay compared to 31% in 1981). However, a strong majority (72%) still

Appropriate Disability Income Benefit

	1978 %	1981 %
More than 100% of "take home" pay	7	7
100% of "take home" pay	39	31
80% of "take home" pay	38	41
60% of "take home" pay	7	12
50% of "take home" pay	5	6
Less than 50% of "take home" pay	1	1
DK/NA	1	2

supports disability benefits between 80% to 100% of take home pay. Nineteen percent of the public (compared to 13% in 1978) feel that disability income benefits should be less than 80% of take home pay.

Another area of controversy with respect to disability insurance is the degree of questionable or false insurance claims. For purposes of comparison it is useful to examine the public's perception of false claims for disability insurance in the context of various other types of insurance. Comparatively, automobile insurance is seen as being the most abused; 81% say false claims are somewhat or very common in auto insurance. Strong majorities also believe that malpractice, fire and disability insurance are very prone to false claims. Homeowners insurance and health insurance are seen as less prone to false claims and only 22% of the public see false life insurance claims as somewhat or very common.

Prevalence of False Claims

	Very Common		Somewhat Common	
	1978	1981	1978	1981
	%	%	%	%
Automobile Insurance	44	44	36	37
Malpractice Insurance	27	19	31	32
Fire Insurance	26	35	39	34
Disability Insurance	26	30	38	38
Homeowner Insurance	20	16	35	35
Health Insurance	17	18	34	37
Life Insurance	7	9	13	13

	Not too Common		Rare	
	1978	1981	1978	1981
	%	%	%	%
Automobile Insurance	16	17	3	2
Malpractice Insurance	26	34	14	13
Fire Insurance	27	24	6	6
Disability Insurance	26	26	8	5
Homeowner Insurance	34	40	9	8
Health Insurance	39	36	8	8
Life Insurance	31	34	47	43

Demographic Patterns: The Influentials

Public opinion analysts often examine how public attitudes are related to income, education, marital status, and other demographic variables. However, in political terms it may be more important to look at the population in an entirely different way. Political scientists have long known that the population displays varying degrees of political interest and involvement in politics and government, and that a relatively small number of people are consistently active in politics. When public officials respond to public opinion, they may in fact be responding to a relatively small group of vocal and active citizens. This special analysis will contrast the attitudes of these politically aware and active citizens, the "influentials," with the rest of the population.

What Are Influentials?

All respondents to this survey were asked a battery of five questions about their interest, knowledge and activity concerning national affairs.

In this analysis, influentials are people who say that they:

1. Follow news about politics and national affairs either very or somewhat closely . . . AND
2. Are very or somewhat interested in politics and national affairs . . . AND
3. Discuss politics and national affairs with others at least once or twice a week . . . AND
4. Have contacted (within the past five years) a political officeholder in order to express their views on a national, state or local issue. . . OR
5. Are active in organizations or groups which discuss or are involved with political issues.

Who Are They?

This year, influentials make up 24% of the adult American population. Compared to the population as a whole, influentials are wealthier, better educated and more likely to be middle-aged. They are also more likely to be men than women and white than nonwhite. The following table shows the distribution of the weighted sample and those respondents defined as "influentials."

Population Total	Influentials % 24 (100%)	Non- Influentials % 76 (100%)
SEX:		
Male	53	47
Female	47	53
RACE:		
White	96	86
Nonwhite	4	14
AGE:		
18-24 years	15	17
25-29 years	14	13
30-34 years	13	10
35-44 years	17	16
45-54 years	15	15
55-64 years	14	13
65 years and over	14	17
HOUSEHOLD INCOME:		
Less than \$7,500	10	18
\$7,500-\$9,999	5	12
\$10,000-\$14,999	11	16
\$15,000-\$24,999	32	27
\$25,000 and over	36	19
DK/NA	7	8

	Influentials % 24 (100%)	Non- Influentials % 76 (100%)
EDUCATIONAL LEVEL:		
Not High School Graduate	13	38
High School	29	37
Some College	24	13
College Graduate	21	8
Postgraduate	12	3
POLITICAL IDENTIFICATION:		
Democrat	32	42
Republican	30	17
Independent	35	32
No Political Identification	2	8
Other	—	—
DK/NA	1	1

Influentials

Although both influentials and the general public agree that the costs of health care are rising at a faster rate than other costs, influentials are more confident in their ability to purchase health care services and to meet the costs of a major illness. One reason why influentials are more confident is that more of this group has health insurance coverage compared to the general public (92% compared to 84%).

Influentials are less supportive of specific governmental strategies for cutting health care costs than the general public. They have a less favorable view of any governmental attempt to require either doctors or hospitals to publish their fee schedules. Influentials are also less supportive of requiring employers to offer a choice of three different health plans of varying cost and coverage to their employees.

However, influentials are more likely than the general public to feel that private initiatives by both policyholders and health insurance companies can reduce health care costs. For example, influentials are more likely to believe that promotion of healthful lifestyles will significantly reduce health care costs. Consequently, they give greater support to the idea that health insurance should cover the costs of

preventive health care even if it means higher premiums.

Influentials are also more supportive of private cost containment strategies that would allow health insurance companies to be tougher with policyholders and health care providers. Compared to the general public, influentials are more supportive of health insurance companies charging higher premiums for those who voluntarily increase their risk of illness by smoking (50% compared to 33%). Similarly, influentials are more supportive of the proposition that health insurance companies should refuse to pay doctors and hospitals for unnecessary or too costly services.

Although both influentials and the general public have vague perceptions of health insurance companies, influentials generally are more favorable to the business. Influentials are more likely to believe that health insurance companies are generally fair in the way they handle insurance claims (47% compared to 33%). Similarly, influentials are more likely to support the right of health insurance companies to make a profit.

Footnotes

1. *CPI Detailed Reports, December 1981*, (Washington, D.C.: Bureau of Labor Statistics, Government Printing Office, 1981).
2. *Health Care Issues: Physician and Public Attitudes*, (Chicago, Illinois: American Medical Association, 1979), p. 90.
3. *A Public Survey on Health Care*, (New York: Louis Harris and Associates, Report No. 51, vol. 1, 1978), p. 50.
4. *The New York Times National Health Care Survey*, (New York: The New York Times, March, 1982), unpublished material.
5. *Ibid.*
6. *Ibid.*
7. *Health Care Issues*, op. cit., p. 93.
8. *Profile of Health Care Coverages: The Haves and Have Nots*, (Congressional Budget Office, Government Printing Office, March, 1979), p. ix.
9. *Hospital Care in America*, (Nashville, Tennessee: Louis Harris and Associates, commissioned by Hospital Affiliates International, Inc., 1978), p. 21.
10. *A Public Survey on Health Care*, op. cit., p. 48.
11. *Ibid*, p. 40.
12. *Health Care Issues*, op. cit., p. 64.

Technical Appendix

The sample of 1,544 respondents used in this study was selected by the area probability method. The first step in the application of the method was to divide the continental United States into equal population cells according to geographic region. Based upon the calculated optimum cluster size, three replicates of 86 clusters each (a total of 258) were selected by a systematic random procedure. For each sampling segment, interviewers were given a randomly selected address as a starting point and instructions for selecting other households in the area for interviews. Within each household, respondents were selected randomly, and no more than one eligible respondent was interviewed in each household. In the interest of economy, the nonmetropolitan population was under-sampled by one-half and statistically weighted back to its proper proportion. All interviews were conducted between April 25 and June 1, 1981.

A weighting technique was applied to correct for the small deviations from representativeness that occur in any public opinion survey. The weighting adjusted the sample so that it is comparable to the sex, race, age, education and income distribution of the adult U.S. population, as established by the Census Bureau's 1978 estimates. Finally, respondents were weighted by their propensity for being "not-at-home" to compensate for any bias which might be introduced by some respondents "not-at-home" for the personal interview.

All the proportions reported in this study are within a tolerance of $\pm 3\%$, at the .05 level of confidence. This means that 95 times out of 100 the percentages reported will be plus or minus 3% of the true value for the population.

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